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UNCLAS SECTION 01 OF 03 HANOI 000588

SENSITIVE
SIPDIS

STATE FOR EAP/MLS, EAP/EP, INR, OES/STC, OES/IHA, MED
STATE PASS TO USAID FOR ANE AND GH
HHS/OSSI/DSI PASS TO OGHA (WSTIEGER/LVALDEZ), FIC/NIH (RGLASS), AND
FDA (MPLAISER)
CDC/COGH FOR SBLOUT/KMCCALL/RARTHUR/RCHITALE, PASS TO
NCZVED/DFBMD/EDEB (RTAUXE/EMINTZ) AND GDD, IEIP, DEOC
USDA PASS TO APHIS, FAS (OSTA AND OCRA), FSIS
BANGKOK FOR RMO, CDC (MMALISON/SMALONEY/AHENDERSON), USAID/RDM/A
(CBOWES/JMACARTHUR), APHIS (NCARDENAS), REO (JWALLER)
BEIJING FOR HHS HEALTH ATTACHE (BROSS)
ROME FOR FAO

E.O. 12958: N/A
TAGS: [TBIO](#) [AMED](#) [AMGT](#) [CASC](#) [EAGR](#) [PINR](#) [VM](#)
SUBJECT: MOST RECENT CHOLERA OUTBREAK RECEDES

REF: A. HANOI 421 B. HANOI 408 C. HANOI 383 D. 07 HANOI 2071 E. 07
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11. (SBU) Summary. Officials report that Vietnam's most recent outbreak of severe acute diarrhea is winding down. Though the Government of Vietnam (GVN) again responded promptly and effectively, victims from northern provinces that traveled to other parts of the country infected other people, demonstrating the ease with which a cholera outbreak could spread and spin out of control. As in 2007, substantial numbers of victims tested positive for cholera. While tentatively linked to the consumption of dog meat, shrimp paste and raw vegetables, Vietnamese and international public health officials continue to study the outbreak, its causes, and exposure pathways. Vietnam now must move beyond response to focus on prevention and general food safety improvements. End Summary.

Outbreak Details -----

12. (U) After flaring up in March, the most recent cholera outbreak began to die out at the end of April. As of early May, authorities reported 2,781 cases of severe acute watery diarrhea, of which 396 tested positive for cholera, compared to 1,991 total cases and 295 positive cholera tests in late 2007 (Ref D). The outbreak began in Hanoi in early March and then moved to neighboring Ha Tay Province. Hanoi reported the highest numbers, with 1,123 severe acute diarrhea patients between March 6 and April 28, of whom at least 44 tested positive for cholera, followed by Ha Tay with 691 cases. Authorities again highlighted that this outbreak, like the 2007 outbreaks, resulted in no deaths. Though a few central provinces, along with Ho Chi Minh City in the south (Ref B), reported isolated cholera cases, health officials reported that infections resulted from contact with persons who had traveled to northern Vietnam and brought the bacteria with them.

Likely Causes -----

13. (SBU) Scientists from the World Health Organization (WHO) (with technical support from the U.S. Centers for Disease Control and Prevention [CDC]) and National Institute of Hygiene and Epidemiology (NIHE) staff of the Vietnamese Ministry of Health (MOH) are conducting epidemiological investigations backed by laboratory testing to find the primary vehicles of transmission of the disease.

Experts have identified several possible vehicles for the spread of cholera, primarily dog meat, shrimp paste, raw vegetables, and unhygienically prepared foods. Many victims reported recent consumption of dog meat -- and, although very hard to culture from foodstuffs, subsequent tests found *Vibrio cholerae* in three dog meat samples. This is of particular concern as Hanoi's estimated 4 million residents consume up to ten to fifteen tons of dog meat daily. (Note: Dogs are not known to carry or become ill from infection with *Vibrio cholerae*; therefore the source of these bacteria on dog meat samples probably comes from cross contamination by infected food-handlers or by shellfish, which can become colonized with *Vibrio cholerae* in their natural environment). Additionally, some farmers use human feces to fertilize vegetables and herbs consumed by restaurant patrons. Sewage discharged from passenger trains traveling out of the northern provinces provides a further potential source (Ref A).

Severe Acute Diarrhea or Cholera? Still Unclear

14. (SBU) As in the past, questions remain about how to refer to this outbreak. Jean-Marc Olive, WHO Country Representative, reluctantly agreed with the GVN to use the title "acute diarrhea epidemic partly sourced from cholera" to describe the initial outbreak. Though the Ministry of Health readily acknowledged the large number of cholera victims, the Prime Minister's office directed the MOH to generally refer to "severe acute diarrhea" and only use the term cholera for specific cases that had tested positive for the bacteria. While

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this label may pass the smell test, some local media have raised questions as to whether this title will cause Vietnamese citizens to change their risky behaviors. Vice Minister of Health Trinh Quan Huan defended use of the name and stated that referring to the outbreak as "cholera" would not cause people to improve sanitation practices. After all, Vietnamese know they should not eat sick chickens, but many still do and many men continue to have unprotected sex despite well-publicized warnings that they should use condoms. However, according to a recent survey by an online newspaper, many Vietnamese were not concerned by the epidemic because they thought it was just another diarrhea outbreak. In private discussions with the GVN, CDC and WHO experts noted that most of the people with acute watery diarrhea have cholera and that it makes public health sense to label this event as such. Fortunately, clinicians in Vietnamese hospitals and clinics treat every case of acute watery diarrhea as cholera.

Concerns About Possible Future Outbreaks

15. (SBU) Though the most recent outbreaks appear to have involved the relatively mild El Tor biotype of *Vibrio cholerae*, serogroup O1, international health experts are examining whether this bacteria could be an altered *Vibrio cholerae* O1 El Tor strain. This form has a higher pathogenicity (resulting in more aggressive disease) than the El Tor strain that has been circulating the world in the past 20 years. Samples taken in April from 18 rivers, canals and lakes, and drainages in Hanoi, Ha Tay Province and Thanh Hoa Province revealed high levels of the bacterium *Vibrio cholerae* (though it is unclear whether this *Vibrio cholerae* matched the serotypes that cause cholera in humans). The WHO's Olive warned that hot, humid and rainy summer weather is conducive to the spread of the bacteria. International public health experts also noted the possibility that the rare, and more pathogenic Classic biotype of *Vibrio cholerae* bacterium may have combined with El Tor in Vietnam. An altered El Tor could spread more quickly, widely and strongly. The NIHE continues to conduct research on the bacterium and, according to newspaper accounts, plans to present its results to the public later this month.

¶6. (U) In early April, Prime Minister Nguyen Tan Dung announced the outbreak's potential threat to public health, socio-economic development, tourism, and investment and emphasized the importance of raising public awareness about the danger of the epidemic. The GVN then initiated a multi-pronged approach to respond to the latest outbreak focusing on better dissemination of information on disease prevention, proper cooking techniques and the need to purchase safe and hygienic foods. Already, well-prepared health establishments had stockpiled enough medicine and rehydration salts for effective treatment of patients. Soon after early outbreak reports, Hanoi authorities began a more aggressive inspection program for food vendors that led to the closing of dozens of shops. Hanoi's Health Department Head Le Anh Tuan noted that Hanoi contained 16,000 street-side food stalls, only 40 percent of which had been granted food safety and hygiene permits. In response to the cholera outbreaks and other food safety concerns (Ref E), the Vietnam Food Administration announced plans to hire 8,500 food safety officers to inspect food storage and preparation in restaurants and street vendors.

Possible Vaccine

¶7. (U) According to NIHE Director Dr. Nguyen Tran Hien, the Vaccine and Bio-Technology Products No. 1 Company (VABIOTECH), an independent pharmaceutical spin off of NIHE, has developed a new oral cholera vaccine. Recent vaccine trials in India showed the new vaccine induced protective antibodies in 65 percent of adults and 87 percent of children after two doses that lasted for 2 years. The

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present vaccine produces protective antibodies in 30 percent of those immunized. VABIOTECH, which began developing the new cholera vaccine in early 2006, plans to market the drug under the trademark of MORACVAX. The company and the International Vaccine Institute successfully tested MORACVAX on 200 people in Vietnam and India in ¶2006. The new vaccine will cost around 20,000 Vietnamese Dong (approximately 1.25) per dose -- three times more than the existing cholera vaccine. International experts have yet to clearly weigh in on the efficacy and role of the new vaccine.

Comment

¶8. (SBU) Once again, Vietnam quickly and effectively responded to an outbreak of severe acute diarrhea. However, this most recent outbreak -- with more total cases and more test results positive for cholera than the initial epidemic in late 2007 (Ref D) -- highlights the need for better prevention. As the rainy season begins, health experts worry about new and possibly larger or more virulent outbreaks. At the same time, any forward-looking measures designed to prevent future outbreaks will need to address sanitation and hygiene at Vietnam's tens of thousands of informal food vendors and take long-range measures to reduce fecal contamination of food and water in general. Though vaccinations may help to limit cholera, Vietnam should focus on upgrading food safety, drinking water quality and sanitation systems -- solutions that will pay public health dividends beyond cholera control. Additionally, Vietnam must upgrade food hygiene standards and raise the standards of vendors that do not meet those requirements. We have heard that Vietnamese health officials have been hesitant to crack down on dog meat venues due to powerful business interests. The GVN must empower health inspection teams to act, regardless of political influence, if it wants to prevent the next outbreak before it begins.

MICHALAK